



Department of Permitting Services  
Division of Building Construction  
255 Rockville Pike, 2nd Floor  
Rockville, MD 20850-4166  
Phone: 311 in Montgomery County or (240) 777-0311  
Fax (240)-777-6262  
<http://www.montgomerycountymd.gov/permittingservices>



## Fire Protection System Application

Building Permit # \_\_\_\_\_ Fire Protection Systems Permit # \_\_\_\_\_

### A. Specify Type of Permit: (check one and fill in)

Type of Permit: Check one and fill in:

- |                                                                                   |                                       |
|-----------------------------------------------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Fire alarm/detection (with main control panel):          | No. of Stories: _____                 |
| <input type="checkbox"/> Fire alarm/detection (devices only or household system): | No. of Devices: _____                 |
| <input type="checkbox"/> CO2, Clean Agent System or Halon:                        | No. of systems: _____ #pounds : _____ |
| <input type="checkbox"/> Sprinkler System                                         | No. of sprinkler heads: _____         |
| <input type="checkbox"/> Standpipe System (combined or stand-alone):              | No. of risers: _____                  |
| <input type="checkbox"/> Additional hose valves on existing systems:              | No. of new valves: _____              |
| <input type="checkbox"/> Dry or Wet Chemical System:                              | No. of systems: _____                 |
| <input type="checkbox"/> Fire Pump                                                | No. of Pumps: _____                   |

### B. Applicant Information:

Applicant/Company Name \_\_\_\_\_ Contact ID # \_\_\_\_\_  
Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_  
Montgomery County License # \_\_\_\_\_ (Sprinkler Contractors only)

### C. Check One for Fast Track:

- ☐ Sprinkler (covering < 5,000 square feet without calculations)  
☐ Fire Alarm (1 ZONE without main control panel)

### D. Overtime Review:

Overtime review requested for additional 50% charge, sign here: \_\_\_\_\_

### E. Explanation of Work:

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### H. Project Information:

Project Name \_\_\_\_\_  
Project Address(s) \_\_\_\_\_  
Project Owner Name (tenant for tenant jobs) \_\_\_\_\_  
Owner Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Email \_\_\_\_\_

### I. To Be Read by Applicant:

False or misleading information on this application may result in its rejection. A condition for the issuance of this permit is that the proposed work will comply at all times with applicable codes and reviewed plans. I hereby declare and affirm, under the penalty of perjury, that all matters and facts set forth in this permit application and the documents that accompany it, are true and correct to the best of my knowledge, information, and belief.

**I AGREE THAT THE FILING FEE IS DUE AND PAYABLE UPON APPLICATION AND THE BALANCE OF THE PERMIT FEE IS DUE UPON ISSUANCE**

Date \_\_\_\_\_ Applicant Name (PRINT) \_\_\_\_\_ Applicant Signature \_\_\_\_\_

**J. For Department of Permitting Services Use Only:**

Reviewer \_\_\_\_\_ Screened by \_\_\_\_\_  
 Date Review Done \_\_\_\_\_ Approved \_\_\_\_\_ Rejected \_\_\_\_\_

**Schedule of Fees**

TYPE OF SYSTEM	FEE CALCULATION	Plan Review	Inspection (Req'd only)
Fire Alarm & Det. (w/main cont. panel)	\$115 per story x _____ # of stories + \$6 per device =		
Fire Alarm & Det. Systems	\$16 per device x _____ # devices (\$275 max/story) =		
(Devices Only)	\$12 per device x _____ # devices (\$250 max/\$115 min) =		
CO2, Clean Agent Systems or Halon	\$225 per system x _____ # systems =		
	\$0.60 per pound of agent x _____ pounds =		
Sprinkler System	\$3.00 per sprinkler head x _____ # of heads =		
	\$2.30 per sprinkler head x _____ # of heads =		
Standpipe Systems	\$130 per riser x _____ # of risers =		
	\$115 per riser x _____ # of risers =		
Added hose valves on existing S.P.	\$38 per hose valve x _____ # of hose valves =		
	\$30 per hose valve x _____ # of hose valves =		
Dry or Wet Chemical Existing System	\$225 per system x _____ # of systems =		
	\$230 per system x _____ # of systems =		
Fire Pump	\$76 per pump x _____ # of pumps =		
	\$230 per pump x _____ # of pumps =		

Add DFRS base fee (commercial\$60 & residential-\$85) \_\_\_\_\_

Add DFRS sq. ft. fee (residential only-.015/sq. ft.) \_\_\_\_\_

Add columns separately \_\_\_\_\_

Reduce plan review fee to 50% for 1st resubmittal; 75% for 2nd: \_\_\_\_\_

Add overtime fee: (50% of plan review fee) \_\_\_\_\_

Add automation enhancement fee (10% of plan review fee) \_\_\_\_\_

Final plan review fee \_\_\_\_\_

DPS Total DFRS Total

Add all columns together for grand total \_\_\_\_\_

Amount Submitted \_\_\_\_\_

Balance Due at Pickup \_\_\_\_\_